



Notice of Independent Review Decision - WC

DATE OF REVIEW: 07/18/12

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Lumbar Transforaminal Epidural Injection at Left L4 and L5, 64483, 64484, 77003

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

The physician reviewer is board certified in anesthesiology and fellowship trained in pain management with a certificate of added qualifications in pain medicine. The reviewer has over 23 years of active and current experience in the practice of pain management, and is duly licensed to practice medicine in the state of Texas.

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- | | |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Upheld | (Agree) |
| <input type="checkbox"/> Overturned | (Disagree) |
| <input type="checkbox"/> Partially Overturned | (Agree in part/Disagree in part) |

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

Lumbar Transforaminal Epidural Injection at Left L4 and L5, 64483, 64484, 77003 –
UPHELD

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Lumbar MRI, Imaging, 06/14/11
- Office Visit, Orthopaedic Specialists, 10/10/11, 11/18/11, 03/27/12
- History and Physical, M.D., 11/03/11
- Procedure Note, Dr. 11/14/11
- Progress Note, Dr. 11/28/11, 03/27/12, 04/06/12, 04/24/12
- Lumbar Spine MRI, Hospital, 03/25/12
- Pre-Authorization Request, Spine and Pain,
- Denial Letters, 05/01/12, 06/04/12

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient was allegedly injured on xx/xx/xx, sustaining a lumbar strain. An MRI scan done on 06/14/11 demonstrated a broad-based central/right disc herniation (approximately 8/9 mm) at L4/L5 with displacement of the right L5 root.

The patient was initially evaluated by Dr., an orthopedist, on 10/10/11 complaining of five months of pain radiating from the low back into both thighs. The physical examination documented normal reflexes in both lower extremities, normal sensation in both lower extremities, and a straight leg raising test on the right side causing back pain only.

Dr. referred the patient to Dr. on 11/03/11, who noted the patient's complaint of lumbar pain radiating to both thighs, worse on the right. He noted the patient had previously undergone physical therapy, medication trials, and some type of nonspecific injection. The physical examination documented decreased right dorsiflexion, quadriceps weakness with normal reflexes in both lower extremities, normal sensation in both lower extremities, and a nonspecific positive straight leg raising test on the right.

Dr. then performed right L4/L5 transforaminal epidural steroid injections on 11/14/11, which provided the patient with no pain relief. The patient subsequently underwent lumbar surgery consisting of bilateral hemilaminectomy and discectomy by Dr. in January 2012, after which he complained of worse lumbar and alternating bilateral leg pain.

A post-operative MRI scan on 03/25/12 demonstrated a subtle right L4/L5 disc bulge with no compression of the exiting nerve roots and 2-3 mm central disc bulge at L5/S1 that did not cause spinal stenosis or compromise of either of the nerve roots.

Dr. followed up with the patient on xx/xx/xx, noting the patient's complaint of lumbar and left-more-than-right leg pain "probably worse than before surgery," with a pain level of 8/10. The physical examination documented normal reflexes and sensation in both lower extremities and a right-sided straight leg raising test producing only back pain with a left-sided straight leg raising test causing pain radiating to the knee at 90 degrees. The motor examination was entirely normal.

Dr. referred the claimant back to Dr. on 03/27/12, who documented the patient's complaints of low back and LEFT leg pain, worse since surgery, with a pain level of 7/10. The physical examination was, word for word, essentially identical to that documented by Dr. before the surgery had been performed. Specifically, and despite the fact that the patient's complaint was of pain into the LEFT leg, Dr. documented decreased strength in the RIGHT lower extremity quadriceps and normal reflexes, strength, and sensation in both legs. The straight leg raising test was said to be positive on the RIGHT, again despite the fact that the patient's pain complaint was into the LEFT leg. Dr. then performed LEFT L4 and L5 transforaminal epidural steroid injections on 04/06/12, again despite the fact that the claimant's physical examination findings were all on the RIGHT.

On 04/24/12, the patient returned to Dr. who documented the patient's report of 80% pain relief for only four days followed by essentially full pain return. The patient's pain had now switched sides to the right leg from the previously documented left leg pain. The physical examination, however, was still, word for word, identical to the previous examinations with decreased RIGHT leg strength, but normal sensation, strength, and reflexes. Despite the fact that the patient's pain was stated to be worse on the RIGHT, Dr. requested repeating LEFT L4 and L5 transforaminal epidural steroid injections.

The initial review by a physician advisor on 05/01/12 recommended non-authorization of the request, citing ODG treatment guidelines. The second physician advisor review on 06/04/12 also recommended non-authorization of the requested procedure, again citing the Official Disability Guidelines.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

This patient does not now, nor has he, in fact, ever, met the ODG criteria for epidural steroid injections. First and foremost, the physical examinations documented by both Dr. and Dr. have never documented significant evidence of radiculopathy, nor has there ever been any electrodiagnostic study performed that would otherwise demonstrate radiculopathy. Additionally, the post-operative MRI on 03/25/12 clearly does not demonstrate any focal disc herniation or nerve root compression. Therefore, the patient does not meet the ODG criteria for epidural steroid injections based on lack of radiculopathy on examination and lack of focal disc herniation and/or nerve root compression on MRI scan. Additionally, the patient had only four days of relief from the left transforaminal epidural steroid injections at L4 and L5 performed by Dr. on 04/06/12, which is clearly an insufficient duration of relief according to the ODG treatment guidelines to justify repeating the injection. Therefore, the request for a lumbar transforaminal epidural steroid injection at the left L4 and L5 is not medically reasonable or necessary, nor is it supported by the ODG treatment guidelines. The previous recommendations for non-authorization, therefore, are upheld. Additionally, the injections performed by Dr. on 04/06/12 were, in my opinion, similarly not medically reasonable or necessary, nor supported by the Official Disability Guidelines for the exact same reasons and, therefore, in my opinion, should never have been authorized in the first place. Regardless, the current request does not meet the ODG treatment guidelines and, therefore, it is not medically reasonable or necessary treatment.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

☒ **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE
IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

☒ **ODG - OFFICIAL DISABILITY GUIDELINES & TREATMENT
GUIDELINES**